

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 3, 2017

AUTOPSY REPORT

PATHOLOGIC EXAMINATION ON THE BODY OF



FINAL DIAGNOSES

1. Multiple gunshot wounds
 - Penetrating gunshot wound to the right chest
 - Perforating gunshot wound to the right forearm
2. Abrasions on the right lower back, posterior left forearm, lateral proximal left leg, proximal phalanx of the dorsal surface of the right second toe and dorsal surface of the left foot along the fifth toe
3. Contusions on the posterior left forearm and anterior left wrist

OPINION:

It is my opinion that death was caused by multiple gunshot wounds (chest and right forearm) sustained from being shot during mass fatality incident.

There were two (2) gunshot wounds on the body: right chest (1) and right arm (1). There was no evidence of close range of firing noted on the skin surrounding any of the wounds. Unless otherwise stated, the wound tracks are described when the body is viewed in the standard anatomical position. The gunshot wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST (GSW #1):

There was an entrance gunshot wound on the right chest located on the upper outer quadrant of the right breast. The wound was surrounded by bruising and adjacent cluster of abrasions. The

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wound track proceeded from this injury through the skin and soft tissue, right 6th rib, right lung, diaphragm, liver, right 11th intercostal space and subjacent retroperitoneal soft tissue where a jacketed bullet was recovered. Associated injuries included soft tissue hemorrhage, right-sided hemothorax, right periadrenal contusion and abrasion of the right kidney. The wound track was from front to back, right to left and downward.

PERFORATING GUNSHOT WOUND TO THE RIGHT FOREARM (GSW #2):

There was a through and through entrance gunshot wound on the back of the right forearm. The wound track proceeded from this injury through the soft tissue and blood vessels, and ended at an exit wound in front of the right forearm. Associated injuries included soft tissue hemorrhage. The wound track was from back to front and upward. There was no bullet or part of bullet recovered from the wound track.

Additional injuries included abrasions on the right lower back, back of the left forearm, side of the proximal left leg, right second toe and left foot, and bruising back of the left forearm and front of the left wrist.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.091 g/100 mL.

CAUSE OF DEATH: Multiple gunshot wounds (chest and right forearm)

MANNER: HOMICIDE

Leonardo Roquero, M.D.
Medical Examiner

DATE: 12/20/2017

LR/amu/ag

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October 3, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[REDACTED]

Date of Pronounced Death: October 1, 2017

Date of Postmortem Examination: October 3, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [REDACTED] along with the identification tag. The body was that of a normally developed and nourished, [REDACTED], female, appearing about the recorded age of [REDACTED] years. The body measured 62 inches in length and weighed 295 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing was consisted of shirt, bra and sock. The head was normocephalic and the scalp hair was red. The eyes had white sclerae, pale conjunctivae, and hazel irides. The dentition was natural with dentures in the upper jaw. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The external genitalia were those of a normal adult female. The back showed no significant deformities. There was a cluster of hypopigmentations on the legs. There was a scar on the right lower abdomen. There was a plastic bracelet around the right wrist.

EVIDENCE OF TREATMENT:

There was intravascular line in the left antecubital fossa, blood pressure cuff, defibrillator and electrocardiograph pads and a gauze soaked in blood wrapped around the right forearm.

EVIDENCE OF INJURY:

GUNSHOT WOUNDS

There were two (2) gunshot wounds on the body: right chest (1) and right arm (1). There was no soot or gunpowder stippling noted on the skin surrounding any of the wounds. Unless

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otherwise stated, the wound tracks are described when the body is viewed in the standard anatomical position. The gunshot wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

PENETRATING GUNSHOT WOUND TO THE RIGHT CHEST (GSW #1):

There was 2.8 cm x 1.5 cm ovoid entrance gunshot wound on the right chest, 12-1/4 inches below the top of the head and 7-1/4 inches right of the anterior midline. There was a purple-green contusion around the wound. There was no soot or gunpowder stippling noted on the skin surrounding this wound. There was a 1-1/4 inch x 1 inch cluster of abrasions adjacent to the wound located at 12 to 6 o' clock position. The wound track proceeded from this injury through the skin and soft tissue, right 6th rib, middle lobe of the right lung, right wing of the diaphragm, right lobe of the liver, right 11th intercostal space and retroperitoneal soft tissue where a jacketed bullet was recovered. Associated injuries included soft tissue hemorrhage, right-sided hemothorax of approximately 1000 mL, right periadrenal contusion and abrasion of the superior pole of the right kidney. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position.

PERFORATING GUNSHOT WOUND TO THE RIGHT FOREARM (GSW #2):

There was a 0.4 cm x 0.3 cm round through and through entrance gunshot wound on the posterior right forearm, 25 inches below the top of the. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue and blood vessels, and ended at 7 cm x 4.2 cm irregular exit wound to the anterior right forearm, centered at 24-1/2 inches below the top of the head. Associated injuries included soft tissue hemorrhage. The wound track was from back to front and upward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

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Additional injuries:

There was a $\frac{1}{4}$ inch x $\frac{1}{4}$ inch abrasion on the right lower back. There was a 3 inch x 1 inch cluster of abrasions and purple-green contusions on the posterior left forearm. There was a $\frac{1}{8}$ inch x $\frac{1}{8}$ inch purple round contusion on the anterior left wrist. There was a $\frac{1}{4}$ inch x $\frac{1}{4}$ inch abrasion on the lateral proximal left leg. There was a $\frac{1}{4}$ inch x $\frac{1}{4}$ inch abrasion on the proximal phalanx of the dorsal surface of the right second toe. There was a $\frac{1}{8}$ inch x $\frac{1}{8}$ inch abrasion on the dorsal surface of the left foot along the fifth toe.

INTERNAL EXAMINATION:

ORGAN WEIGHTS (in grams):

Heart:	300
Right Lung:	300
Left Lung:	400
Liver:	1450
Spleen:	80
Right Kidney:	80
Left Kidney:	80

An autopsy was performed utilizing the normal thoraco-abdominal incision. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. Except for the above previously described injuries, the internal systems were as follows:

Neck:

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:

The 300 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease.

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No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:

The larynx and trachea were unremarkable. The right and left lungs weighed 300 gm and 400 gm, respectively. There was congestion in the parenchyma. No pulmonary emboli were identified.

Hepatobiliary System:

The 1450 gm liver had firm dark tan surfaces and parenchyma. The gallbladder and biliary tracts were unremarkable.

Hemolymphatics:

The 80 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:

The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 100 mL of partially digested food.

Pancreas:

The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:

The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

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Genitourinary System:

The right and left kidneys weighed 80 gm each. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:

Except for the above noted injuries, all the muscles and axial skeleton were free of any significant abnormalities.

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken. There was evidence of projectile along with small fragments noted in the right torso and small fragments of projectile in the right forearm.